

Address
Presented under the Auspices of the
American Medical Association
On the Opening of the
National Physician Resource Center for the
Prevention of Family Violence and Victimization

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This address was essentially a charge to those responsible for the creation and the future development of the National Physician Resource Center for the Prevention of Family Violence and Victimization.

Earlier on in this archive, there is ample evidence to show that this Surgeon General espoused the cause of fighting interpersonal violence, whether it was directed to children, occurring between spouses, or directed to elderly folks in their declining years. I tried to make the point over and over again that violence was an intergenerational phenomenon and it can best be stopped by curtailing child abuse. I also held a precept that violence was not the exclusive bailiwick of the law and jurisprudence, but that a good bit of family violence fell more properly – especially in its preventive phase – with health and those professionals who provided it for the people.

The government's interest in violence before my day was largely concerned with the effect of television violence on violent behavior in children. My effort, on several occasions, was to lift the argument above that level asking why we were attracted to violence in the first place. Some users will remember that one of the outcomes of this effort was that the then three major television networks put a representative of theirs in the Surgeon General's office for the next two years as we jointly tried to find answers to this burgeoning problem.

This whole subject cannot be discussed without a little historical evidence about battered women, the levels of interpersonal anxiety and hostility, as well as and other psychiatric symptoms among such victims and the relationship of spousal abuse to child abuse. Each facet of the panoply of interpersonal violence has its own statistics, culture, prevention, and treatment; such things as 150,000 rapes a year, 5 million cases of simple and aggravated assault, as well as relationship of general efforts on health awareness to the problems of violence.

After reviewing my involvement with the history of violence, I pointed to the need for accumulation of more data, the cooperation of law enforcement officials, social service agencies, and those engaged in public health, and finally, came to the American Medical Association's establishment of the Resource Center we dedicated that day.

Part of future success lies in the recognition that our efforts must be continued in sustained rather than episodic fashion and that physicians must play a central role in this national campaign against violence.

Looking at the situation from the vantage point of writing these words, 15 years after this lecture was given, I can see many places where we have been successful, but we still have a long way to go.